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National Provider Call: PQRS and eRx Incentive Program Payment Adjustment — Register Now
Tuesday, June 18; 1:30-3pm ET

This National Provider Call provides a general overview on the Physician Quality Reporting System (PQRS) payment adjustment and the Electronic Prescribing (eRx) Incentive Program payment adjustment, as well as specifics on the 2015 PQRS and 2014 eRx adjustments, including eligibility, how to avoid future payment adjustments, key points, and tips for successful participation. This presentation also provides a list of resources and who to contact for help. A question and answer session follows the presentation.

Agenda:
- Announcements
- Presentation on PQRS and eRx Incentive Program payment adjustment
- Question and answer session

Target Audience: Eligible professionals, medical coders, physician office staff, provider billing staff, health records staff, vendors, and all other interested Medicare FFS healthcare professionals

Registration Information: In order to receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted on the FFS National Provider Calls web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the Continuing Education Credit Information web page to learn more.

National Provider Calls: Medicare Shared Savings Program Application Process — Register Now
Thursday, June 20; 1:30-3pm ET— **Application Review**

Thursday, July 18; 1-2:30pm ET— **Application Question and Answer Session**

On October 20, 2011, CMS issued a final rule under the Affordable Care Act to establish the Medicare Shared Savings Program (Shared Savings Program). This initiative will help providers participate in Accountable Care Organizations (ACOs) to improve quality of care for Medicare patients. CMS will host two National Provider Calls on the Shared Savings Program application process.

On Thursday, June 20, CMS subject matter experts will provide an overview and updates to the Shared Savings Program application process for the January 1, 2014 start date. A question and answer session will follow the presentations.

On Thursday, July 18, CMS subject matter experts will be available to answer questions about the Shared Savings Program and application process for the January 1, 2014 start date.

The Shared Savings Program Application web page has important information, dates, and materials on the application process. Call participants are encouraged to review the application and materials prior to the call.

Target Audience: Medicare FFS providers

Registration Information: In order to receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted on the FFS National Provider Calls web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the Continuing Education Credit Information web page to learn more.

National Provider Call: Medicare and Medicaid EHR Incentive Programs and Certified EHR Technology — Registration Now Open
Thursday, June 27; 2:30-3:45pm ET

CMS and the Office of the National Coordinator for Health Information Technology (ONC) provide an overview of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, including the use of certified EHR technology to meet meaningful use. Learn about the different types of certification and what certification actually tests.

Agenda:

- Overview of the EHR Incentive Programs
- ONC Health Information Technology (HIT) Certification Program
- 2014 Edition Testing and Certification
- Resources
- Question and answer with CMS and ONC experts

Target Audience:
Eligible Professionals and Eligible Hospitals as defined by the Medicare and Medicaid EHR Incentive Programs.

Registration Information: In order to receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted on the FFS National Provider Calls web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the Continuing Education Credit Information web page to learn more.

National Provider Call: Choosing Your PQRS Group Reporting Mechanism and Implications for the Value-based Payment Modifier — Registration Now Open
Wednesday, July 31; 2:30-3:30pm ET

This National Provider Call will walk through the Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System. The PV-PQRS Registration System is a new application to serve the Physician Value Modifier and PQRS programs. The PV-PQRS Registration system will allow: (1) physician group practices to select their CY 2013 PQRS Group Reporting Mechanism, and if the group has 100 or more eligible professionals, elect quality tiering to calculate their CY 2015 Value-based Payment Modifier; and (2) individual eligible professionals to select the CMS-calculated Administrative Claims reporting mechanism for CY 2013 in order to avoid the PQRS negative payment adjustment in CY 2015. A question and answer session will follow the presentation. The PV-PQRS Registration System will be open from July 15, 2013 to October 15, 2013.

Please note that while this call is scheduled for 60 minutes. CMS experts will be available to stay on the line for an additional 30 minutes to take outstanding questions, should they exist, at the end of the scheduled call time. Participants can remain on the line until the conclusion of the call or refer to the call transcript and audio recording (to be posted 7-10 business days after the call) if they are unable to participate beyond the 60 minute scheduled duration.

Agenda:

- Introduction/opening remarks
- PV-PQRS registration walkthrough
- Question and answer session

Target Audience: Physicians, physician group practices, practice managers, medical and specialty societies, payers, insurers.

Registration Information: In order to receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Presentation: The presentation for this call will be posted on the FFS National Provider Calls web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the Continuing Education Credit Information web page to learn more.

National Provider Call: Medicare and Medicaid EHR Incentive Programs National Provider Call Series

— Save the Dates

The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs paid out over $13.7 billion in incentives through March of this year. Don't be left out. CMS will be holding a series of National Provider Calls (NPCs) about different aspects of the EHR incentive programs. Don't miss these opportunities to learn from the experts.

Register now for the Certification call for Medicare and Medicaid Eligible Professionals on June 27.

Mark your calendars for these upcoming NPCs. Registration will be announced:

Medicare and Medicaid Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals:

- July 23; 1:30-3 —Clinical Quality Measures
- July 24; 1:30-3 —Stage 2

Medicare Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals

- August 13; 1:30-3 —Hardship Exceptions
- August 15; 1:30-3 —Payment Adjustments

Special Open Door Forum: Suggested Electronic Clinical Template for Lower Limb Prostheses
Thursday, June 13; 4-5pm ET
Conference Call Only

CMS will host multiple Special Open Door Forum (ODF) calls to allow physicians, prosthetists, and other interested parties to give feedback on clinical elements for the Suggested Electronic Clinical Template for Lower Limb Prostheses for possible Medicare use nationwide.

In order to enhance physician understanding of medical documentation requirements to support orders for Lower Limb Prostheses, CMS is exploring the development of an electronic clinical template that will assist providers with data collection and medical documentation. These templates may also facilitate the electronic submission of medical documentation. While not intended to be a data entry form per se, the template will describe the clinical elements that CMS believes would be useful in supporting the documentation requirements for coverage of Lower Limb Prostheses. CMS will work in collaboration with the HHS Office of the National Coordinator for Health IT (ONC) and the electronic Determination of Coverage (eDoC) workgroup which is focused on developing the standards necessary for an electronic clinical template. Comments on the proposed document can be sent to eclinicaltemplate@cms.hhs.gov.

Special Open Door Participation Instructions:

- Operator Assisted Toll-Free Dial-In Number: 800-837-1935; Conference ID # 75399655
- Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 800-855-2880. A Relay Communications Assistant will help.

A transcript and audio recording of this Special ODF will be posted to the Special Open Door Forum website for downloading. For automatic emails of Open Door Forum schedule updates (E-Mailing list subscriptions) and to view Frequently Asked Questions please visit the Open Door Forum website.

Raising Awareness of Men's Health Issues and Prevention

June is Men's Health Month and the week leading up to and including Father's Day is Men's Health

Week, June 10 – 16. The purpose is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

Did You Know? The leading causes of death in males age 65 and over in the United States are:

- Heart Disease: 27.9%
- Cancer: 25.4%
- Chronic Lower Respiratory Diseases: 6.8%
- Stroke: 5.1%
- Alzheimer's Disease: 2.9%
- Diabetes: 2.9%
- Influenza & Pneumonia: 2.4%
- Unintentional Injuries: 2.4%
- Kidney Disease: 2.4%
- Parkinson's Disease: 1.5%

2009 data. Source: Centers for Disease Control and Prevention Leading Causes of Death by Age Group, All Males-United States, 2009

Medicare-Covered Preventive Services of Particular Interest to Men

Medicare provides coverage of a wide range of preventive services, subject to certain eligibility and coverage requirements that are especially meaningful to men in helping them prevent and detect disease, including but not limited to:

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Counseling
- Annual Wellness Visit (providing personalized prevention plan services)
- Colorectal and Prostate Cancer Screenings
- Cardiovascular Disease Screenings
- Depression Screening
- Diabetes Screening
- HIV Screening
- Immunizations (Seasonal Influenza, Pneumococcal, and Hepatitis B)
- Intensive Behavioral Therapy for Cardiovascular Disease
- Intensive Behavioral Therapy for Obesity
- Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling to (HIBC) to Prevent STIs
- Tobacco Use Cessation Counseling

How Can You Help?

As a provider of health care to people with Medicare you can help your patients make the most of their benefits by talking with them about their risk factors for disease and the importance of prevention and early detection and encouraging them to take advantage of the preventive services that are most appropriate for them. Your recommendation can help make a difference in the overall quality of life for the fathers, sons, brothers, and uncles, under your care.

For More Information:

- MLN Preventive Services Educational Products for Health Professionals
- CMS Prevention website
- CMS Immunizations website
- MLN National Provider Calls and Events website
- Men's Health Month website

Thank you for joining in the effort to raise awareness of men's health issues and prevention and early detection.

Secure Health Data Helping Patients, Doctors Improve Care and Health

On June 3, HHS Secretary Kathleen Sebelius announced the release of new data and new opportunities for researchers and developers at the beginning of Health Datapalooza IV. This is the fourth annual national conference on health data transparency, which brings together government, non-profit, and private sector organizations to look at the potential for open data from HHS and other sources to help improve health and health care.

CMS released new data – including county-level data on Medicare spending and utilization for the first time, as well as selected data on hospital outpatient charges. In addition, the HHS Office of the National Coordinator for Health Information Technology (ONC) released additional information on the adoption of specific electronic health record (EHR) systems, as well as the winners of new opportunities for building innovative tools that build off health data.

HHS released data and tools that will help researchers and consumers take advantage of health information:

- Building on the release last month of the average charges for the 100 most common inpatient procedures, CMS released selected hospital outpatient data that includes estimates for average charges for 30 types of hospital outpatient procedures from hospitals across the country, such as clinic visits, echocardiograms, and endoscopies.
- CMS released new data sets for the first time at the county level: one on Medicare spending and utilization, and another on Medicare beneficiaries with chronic conditions. Both data sets will enable researchers, data innovators and the public to better understand Medicare spending and service use, spurring innovation and increasing transparency, while protecting the privacy of beneficiaries. The data will also be available through an interactive state level dashboard based on the spending information, allowing users of any skill level to quickly access and use the data.
- ONC released data today from the Regional Extension Centers about the different brands of EHR products used by 146,000 doctors by state, specialty, and each doctor's stage in meaningful use attestation.
- HHS is also co-sponsoring a national competition – known as a "code-a-palooza" – to design an innovative app or tool using Medicare data that primary care providers can use to help manage patient care. The national competition, sponsored by ONC, the Health Data Consortium, and the cloud software company Socrata, will give $25,000 in prizes to the teams of coders and medical experts that build the best tools or apps by the end of Datapalooza.
- The Agency for Healthcare Research and Quality (AHRQ) is demonstrating the latest applications of its two powerful health databases, the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey (MEPS). HCUP is the largest collection of longitudinal hospital care data in the U.S., representing 97 percent of all inpatient hospital discharges. MEPS is the most complete source of U.S. data on the cost and use of health care services and insurance coverage, obtained through large-scale, annual surveys of families, individuals, medical providers, and employers.
- ONC in coordination with the Health Resources and Services Administration selected the winners of the Apps4TotsHealth Challenge, which was launched to help parents and caregivers of young children better manage their nutrition and physical activity. The winning developers, researchers, and other innovators make use of Healthdata.gov data to strengthen these tools and make them more user-friendly. More on the winners here.
- ONC also announced today the launch of the Blue Button Co-Design Challenge, designed to spur

the creation of new applications that will allow patients to better use their own health data to improve their own care. The challenge will ask the public to vote on ideas from which developers will build tools to address health priorities determined by public voting.

Full text of this excerpted HSS press release (issued June 3).

Deadline for Medicare Shared Savings Program: Form CMS-20037 Due June 10

If you are applying for the January 1, 2014 program start date of the Medicare Shared Savings Program, you must submit your "Application for Access to CMS Computer Systems," Form CMS-20037, no later than *June 10, 2013*:

- Use the link and instructions provided in your Notice of Intent to Apply (NOI) acknowledgement email.
- Submit Form CMS-20037 as soon as possible. Do not wait until the June 10 deadline.
- Submit via tracked mail (Federal Express, United Parcel Service, etc.).
- If you have already submitted this form, please disregard this notice.

For more information, visit the Shared Savings Program Application web page. To learn more about the application process, register to attend upcoming National Provider Calls on June 20 and July 18.

Submit Comments on CMS Proposed Rule Aligning EHR and the Hospital Inpatient Quality Reporting Program by June 25

On April 26, CMS issued the Hospital Inpatient Prospective Payment System (IPPS) Notice of Proposed Rulemaking (NPRM) that includes revisions to the measures for the Hospital Inpatient Quality Reporting (IQR) Program.
To reduce providers' reporting burden, in the proposed rule CMS begins to align several Medicare EHR Incentive Program policies with the Hospital IQR Program's policies. Proposed policies include:

- Giving hospitals that are participating in the Hospital IQR Program the option to collect and electronically submit, using certified EHR technology (CEHRT), one quarter's data for 16 quality measures from four measure sets.
- Beginning the submission period for electronic clinical quality measures (eCQMs) earlier, on January 2, 2014, which will allow hospitals to submit their clinical quality data earlier and more often in order to avoid large volumes of data being submitted in a shorter submission window.
- Allow eligible hospitals and critical access hospitals that would like to submit aggregate data for meaningful use the option of attesting.
- Streamline the submission of aggregate population data in order to invoke the case number threshold exemption for an eCQM.

CMS believes the use of CEHRT will greatly simplify and streamline reporting for many hospital quality-reporting programs. We also anticipate that through electronic reporting, hospitals will be able to leverage EHRs for Hospital IQR Program quality data that is now manually abstracted from charts.
If hospitals choose to electronically report these four measure sets, this will satisfy the reporting requirement for both the CQM component of the Medicare EHR Incentive Program and the requirement to report these 4 measure sets under the Hospital IQR Program.

Review our fact sheet for more information about the major quality-related provisions of the proposed rule.

Submit Your Comments
CMS will accept comments on the proposed rule until June 25, 2013, and will respond to comments in a final rule to be issued by August 1, 2013.

PV-PQRS Registration System Opening July 15
The Physician Value (PV) - Physician Quality Reporting System (PQRS) Registration System is a new application to serve the Physician Value Modifier and PQRS programs. The PV-PQRS Registration System will be open from July 15 to October 15, 2013 and will allow the following:

- Physician group practices to select their CY 2013 PQRS Group Reporting Mechanism, and if applicable, elect quality tiering to calculate their CY 2015 Value-based Payment Modifier; and (2) individual eligible professionals to select the Administrative Claims reporting mechanism for CY 2013.
- An Individuals Authorized Access to the CMS Computer Services (IACS) account is required to access the PV-PQRS Registration System. You can now sign up for a new IACS account or modify an existing IACS account on the CMS Applications Portal.

For More Information:
Visit the Physician Feedback Program website for more information on the Value-based Payment Modifier.

ICD-10 Resources for FFS Providers Now Available

CMS has released new and updated MLN products to assist Medicare providers in learning about ICD-10. These products are posted on the ICD-10 Medicare FFS Provider Resources web page and include an MLN Matters® Special Edition Article on institutional services split claims billing instructions; fact sheets covering basic information about ICD-10, the use of the General Equivalence Mappings (GEMs), and the ICD-10 implementation date; and a booklet of Frequently Asked Questions about the GEMS.

- MLN Matters® Special Edition Article SE1325, "Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date"
- "ICD-10-CM/PCS Myths and Facts" Fact Sheet
- "ICD-10-CM/PCS The Next Generation of Coding" Fact Sheet
- "ICD-10-CM Classification Enhancements" Fact Sheet
- "General Equivalence Mappings Frequently Asked Questions" Booklet

CMS Announces Teaching Hospital Closures and Round 5 of Section 5506 of the Affordable Care Act

On May 31, 2013, CMS issued CMS-1459-N, "Medicare Program; Notification of Closure of Teaching Hospitals and Opportunity to Apply for Available Slots," a notice in the Federal Register that announces Round 5 of Section 5506 of the Affordable Care Act. Section 5506 authorizes CMS to redistribute residency cap slots after a hospital that trained residents in an approved medical residency program(s) closes. Under Round 5, the resident cap slots of Infirmary West Hospital, in Mobile, AL, and Montgomery Hospital, in Morristown, PA, are to be redistributed. First priority in redistributing the slots is given to hospitals located in the same or contiguous Core Based Statistical Areas (CBSAs) as the respective closed hospitals. Hard copy applications from hospitals to receive indirect medical education (IME) and direct graduate medical education (GME) full-time equivalent (FTE) resident slots from these two closed teaching hospitals must be received by CMS Central Office, not postmarked, by 5pm ET on August 29, 2013.

The "Section 5506 Application Form" and "Guidelines for Submitting Applications Under Section 5506" are located on the CMS Direct Graduate Medical Education web page, along with links to other rules that contain policy guidance on submitting section 5506 applications, including the CY 2011 OPPS final rule (75 FR 72212) and the FY 2013 IPPS/LTCH PPS final rule (77 FR 53434 through 53447).

Medicare EPs: How to Avoid Payment Adjustments for the EHR Incentive Program

Medicare eligible professionals (EPs) who do not demonstrate meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program may be subject to payment adjustments beginning on January 1, 2015. Because payment adjustments are mandated to begin on the first day of the 2015 calendar year, CMS will determine the payment adjustments based on meaningful use data submitted prior to the 2015 calendar year.

These payment adjustments will be applied to the Medicare physician fee schedule amount for covered professional services furnished by the EP in 2015. EPs who do not demonstrate meaningful use is subsequent years will be subject to increased payment adjustments in 2016 and beyond.

EPs that began participation in 2011 or 2012
EPs who first demonstrated meaningful use in 2011 or 2012 must demonstrate meaningful use for a full year in 2013 to avoid payment adjustments in 2015.

EPs that begin participation this year (2013)
EPs who first demonstrate meaningful use in 2013 must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid payment adjustments in 2015.

EPs that plan to begin participation in 2014
EPs who first demonstrate meaningful use in 2014 must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid payment adjustments in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and EPs must attest to meaningful use no later than October 1, 2014, in order to avoid the payment adjustments.

Note: EPs must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

Eligibility
Only EPs that are eligible for the Medicare EHR Incentive Program are subject to payment adjustments. Use the CMS Eligibility Widget to determine for which programs you are eligible. Medicaid EPs who can only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments.

Resources
For more information on EP payment adjustments, view the Payment Adjustments and Hardship Exceptions Tipsheet for EPs and the How Payment Adjustments Affect Providers Tipsheet.

Want more information about the EHR Incentive Programs?
Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

DMEPOS Competitive Bidding Round 2 Transitional Policy — CPAP Device Documentation

Requirements

CMS will allow a grace period of 90 days from July 1 through October 1, 2013 for new suppliers transitioning to Medicare as a result of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) competitive bidding round 2 to secure the necessary medical documentation to support medical necessity for Continuous Positive Airway Pressure (CPAP) devices. Suppliers will be expected to submit the required documentation within the 90 day grace period without exception. Absent such documentation, CMS contractors will collect overpayments following established procedures. In cases where old suppliers do not provide the required documentation to the new supplier, or in other circumstances where documentation is not available, beneficiaries will need to visit their physician in order to obtain a new order to fulfill this requirement and other supporting documentation as appropriate.

"Long-Term Care Hospital (LTCH) Quality Reporting Program Reminders" MLN Matters® Article — Released

MLN Matters® Special Edition Article #SE1302, "Long-Term Care Hospital (LTCH) Quality Reporting Program Reminders" was released and is now available in downloadable format. This article is designed to provide education on the LTCH Quality Reporting Program and to remind Medicare-certified LTCHs to submit quality data on all patient admissions and discharges. It includes a summary of reporting program requirements, new quality measures adopted for Fiscal Year (FY) 2014 through FY 2016, and a list of educational resources.

From the MLN: "Discharge Planning" Booklet — Released

The "Discharge Planning" Booklet (ICN 908184) was released and is now available in hard copy format. This booklet is designed to provide education on Medicare discharge planning. It includes discharge planning information for Home Health Agencies, Hospices, Hospitals, Inpatient Psychiatric Facilities, Long-Term Care Facilities, and Swing Beds. To access a new or revised product available for order in *hard copy* format, go to MLN Products and click on "MLN Product Ordering Page" under "Related Links" at the bottom of the web page.

From the MLN: "Clinical Laboratory Improvement Amendments (CLIA)" Brochure — Revised

The "Clinical Laboratory Improvement Amendments (CLIA)" Brochure (006270) was revised and is now available in downloadable format. This brochure is designed to provide education on Clinical Laboratory Improvement Amendments (CLIA). It includes test methods categorized, enrollment in the CLIA program, types of certificates, certificate compliance and performance measures, and certificate of accreditation.

From the MLN: "DMEPOS Quality Standards" Booklet — Revised

The "DMEPOS Quality Standards" Booklet (ICN 905709) was revised and is now available in downloadable format. This booklet is designed to provide education on durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). It includes DMEPOS quality standards as well as information on Medicare deemed Accreditation Organizations (AOs) for DMEPOS suppliers.

From the MLN: "General Equivalence Mappings Frequently Asked Questions" Booklet — Revised

The "General Equivalence Mappings Frequently Asked Questions" Booklet (ICN 901743) was revised and is now available in downloadable format. This booklet is designed to provide education on the conversion of International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes to International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) and the conversion of ICD-10-CM/PCS codes back to ICD-9-CM. It includes background information and General Equivalence Mappings Frequently Asked Questions.

From the MLN: "The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement" Fact Sheet — Revised

"The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement" Fact Sheet (ICN 006881) was revised and is now available in hard copy format. This fact sheet is designed to provide education on general Medicare enrollment information for those physicians who are required to enroll in Medicare for the sole purpose of certifying or ordering services for Medicare beneficiaries. It includes information on frequently asked questions and resources. To access a new or revised product available for order in *hard copy* format, go to MLN Products and scroll down to the bottom of the web page to the "Related Links" section and click on the "MLN Product Ordering Page."

From the MLN: "ICD-10-CM Classification Enhancements" Fact Sheet — Revised

The "ICD-10-CM Classification Enhancements" Fact Sheet (ICN 903187) was revised and is now available in downloadable format. This fact sheet is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes the following information: ICD-10-CM/PCS compliance date; benefits of ICD-10-CM; similarities and differences between International Classification of Diseases, 9th Edition, Clinical Modification and ICD-10-CM; new features in ICD-10-CM; additional changes in ICD-10-CM; and use of external cause and unspecified codes in ICD-10-CM.

From the MLN: "The DMEPOS Competitive Bidding Program for Referral Agents" Fact Sheet — Revised

"The Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program for Referral Agents" Fact Sheet (ICN 900927) was revised and is now available in downloadable and hard copy format. This fact sheet is designed to provide education on Round 1 Rebid and Round 2 of the DMEPOS Competitive Bidding Program. It includes information for health care providers who order or refer items of DMEPOS. To access a new or revised product available for order in *hard copy* format, go to MLN Products and click on "MLN Product Ordering Page" under "Related Links" at the bottom of the web page.

From the MLN: "Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services" Fact Sheet — Revised

The "Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services" Fact Sheet was revised and is now available in hard copy format. It includes an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for

more extensive or specialized treatment. To access a new or revised product available for order in *hard copy* format, go to MLN Products and scroll down to the bottom of the web page to the "Related Links" section and click on the "MLN Product Ordering Page."

"Medicare Learning Network® Suite of Products and Resources for Compliance Officers" Educational Web Guide — Released

The "Medicare Learning Network® Suite of Products and Resources for Compliance Officers" Educational Web Guide (ICN 908525) was released and is now available in downloadable format. This educational web guide is designed to provide education on the many compliance issues facing health care professionals today. It includes direct links to information arrayed by specialty to address the detailed compliance issues distinctive to individual provider types to assist in accurate claims review and submission.

"Medicare Learning Network® Suite of Products and Resources for Rural Health Providers" Educational Web Guide — Released

The "Medicare Learning Network® Suite of Products and Resources for Rural Health Providers" Educational Web Guide (ICN 908465) was released and is now available in downloadable format. This educational web guide is designed to provide education to rural health providers by targeting the unique information needs of this community. It includes information to assist in understanding and streamlining the claims submission process and provides a basic understanding of Medicare program initiatives and incentives. It also offers some information in text-only publications for rural health providers with limited internet access.

"Medicare Learning Network® Suite of Products and Resources for Inpatient Hospitals" Educational Web Guide — Revised

The "Medicare Learning Network® Suite of Products and Resources for Inpatient Hospitals" Educational Web Guide (ICN 905704) was revised and is now available in downloadable format. This educational web guide is designed to provide Medicare Part A providers and business management professionals with an understanding of payment systems, fee schedules and reimbursement assistance resources. It includes information and direct links to Medicare payment policies and procedures, provider enrollment, guidelines for streamlining claims review and submission requirements, and payment rates and classification criterion for reimbursement.

"Medicare Learning Network® Suite of Products and Resources for Educators and Students" Educational Web Guide — Revised

The "Medicare Learning Network® Suite of Products and Resources for Educators and Students" Educational Web Guide (ICN 903763) was revised and is now available in downloadable format. This educational web guide is designed to provide direct links to educational products that supplement the health care educational curriculum at technical schools and community colleges. It includes information on Medicare Program basics, business requirements and federal initiatives and incentives as well as, suggested web-based training courses to challenge students.

"Medicare Learning Network® Suite of Products and Resources for Billers and Coders" Educational Web Guide — Revised

The "Medicare Learning Network® Suite of Products and Resources for Billers and Coders" Educational Web Guide (ICN 904183) was revised and is now available in downloadable format. This educational web guide is designed to provide education to health care business management professionals on Medicare Program policies and procedures, accurate claims review and submission, business requirements and federal initiatives and incentives. It includes information and direct links to billing and coding products designed to equip office professionals with a better understanding of the Medicare Program basics and accurate billing procedures.

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Previous issues are available in the archive.

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